

# CHANGE OF MAILING, FREIGHT, AND BILLING ADDRESS

**From :**  
**To :** Commanding Officer, U.S. Coast Guard Engineering Logistics Center, Baltimore, MD  
**Via :**  
**Via :** (District, MLC, or COMDT)

**INSTRUCTIONS:** Submit original and four copies to District, MLC, or COMDT. District, MLC, or COMDT verify accuracy and completeness. Forward original to Engineering Logistics Center, Baltimore and copies to Commandant (G-SII), Human Resources Services and Information Center and Coast Guard Institute to arrive at least 30 days prior to the effective date of change requested. A mail address may be a P.O. Box or street address and must include a city, state, and postal nine-digit ZIP code. The freight address cannot be a P.O. Box and must show a complete street address, city, state, and nine-digit ZIP code of the facility.

## I. TO BE FILLED IN BY ORIGINATING UNIT

<b>a. ACTIVITY ADDRESS CODE</b> (Leave blank if none authorized) Six characters beginning with a Z or N.		<b>c. MAILING ADDRESS</b> Limited to 4 lines 35 characters per line. Only A-Z and 0-9 may be used (no punctuation). Use ZIP + 4. Fill in 2 digit Administrative Target Unit (ATU).		<b>d. EFFECTIVE JULIAN DATE</b> 5 digits in format YYDDD.	
<b>b. TYPE OF CHANGE</b> <input type="checkbox"/> ESTABLISH <input type="checkbox"/> REVISE <input type="checkbox"/> MAIL ADDRESS <input type="checkbox"/> FREIGHT ADDRESS <input type="checkbox"/> BILLING ADDRESS <input type="checkbox"/> DELETE <input type="checkbox"/> FREIGHT ADDRESS <input type="checkbox"/> MAIL, FREIGHT, AND BILLING ADDRESS <b>REASON</b> <input type="checkbox"/> CORRECTION <input type="checkbox"/> CHANGE OF ADDRESS <input type="checkbox"/> *REDESIGNATION OF UNIT <input type="checkbox"/> *UNIT DECOMMISSIONED/DISESTABLISHED <input type="checkbox"/> *UNIT COMMISSIONED/ESTABLISHED * Cite Operating Facility Change Order in Section II		ATU (2 digits): <b>e. FREIGHT ADDRESS</b> (Must be used when 1c is a P.O. Box.) Limited to 4 lines 35 characters per line. Only A-Z and 0-9 may be used (no punctuation). Use ZIP + 4. Fill in 2 digit Administrative Target Unit (ATU).		<b>f. EFFECTIVE JULIAN DATE</b> 5 digits in format YYDDD.	
<b>g. STANDARD DISTRIBUTION LIST</b> (Found in COMDTNOTE 5605) 2 character symbol.		<b>h. BILLING ADDRESS</b> Complete this block by using a 6 character Activity Address Code (beginning with a Z) of unit to receive billing. If block a. is a Navy UIC leave blank. Fill in 2 digit Administrative Target Unit (ATU).		<b>i. EFFECTIVE JULIAN DATE</b> 5 digits in format YYDDD.	
DATE		SIGNATURE			

## II. DISTRICT, MLC, OR COMDT COMMENTS

<b>1. Forwarded approval. Change affects</b> <input type="checkbox"/> DoDAAD and SDL <input type="checkbox"/> SDL only <input type="checkbox"/> DoDAAD only		
<b>2. Covered by OFCO No.</b> _____ . (When applicable)		
Name and Telephone of Person to contact regarding this change		<b>NAME</b>
<b>DATE</b>		<b>TELEPHONE NO.</b>
<b>SIGNATURE BLOCK</b>		<b>SIGNATURE</b>

## III. ENGLOGCEN BALTIMORE USE ONLY

Date received:	Port Designator (3 characters)	Transaction Code	1	2	3	4	Code 440 check _____ signature and date
Received By:							
Standard Point Location Code (6 characters)	Air Terminal Identifier (3 Characters)	TA					Code 280 TAC3 check _____ signature and date
		TAC					
							Code 330 overall verification _____ signature and date

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Name and Telephone of Person to contact regarding this change	<b>NAME</b>
<b>TELEPHONE NO.</b>	
<b>DATE</b>	<b>SIGNATURE BLOCK</b>
<b>SIGNATURE</b>	

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